

Precinct		Accident No.		Complaint Number		Police Accident Report (NYC)		MV-104AN (5/04)		AMENDED REPORT	
040		458		111							
Accident Date		Day of Week		Military Time		No. of Vehicles		No. Injured		No. Killed	
02/25/2007		SUN		2120		1		1			
Not Investigated at Scene		Left Scene		Police Photos		Reconstructed					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>					
VEHICLE 1						VEHICLE 2					
Vehicle 1 - Driver						Vehicle 2 - Driver					
License ID Number						License ID Number					
P34625447902555						D1251187					
Driver Name - exactly as printed on license						Driver Name - exactly as printed on license					
MICHAEL R PHILIPS						SABINA BEATA PARADI					
Address (Include Number & Street)						Address (Include Number & Street)					
2 ROBIN ROAD						116 GATETREE CT					
City or Town						City or Town					
RUMSON						DANVILLE					
State						State					
NJ						CA					
Zip Code						Zip Code					
07760						94526					
Date of Birth						Date of Birth					
02/20/55						04/19/83					
Sex						Sex					
M						F					
Unlicensed						Unlicensed					
<input type="checkbox"/>						<input type="checkbox"/>					
No. of Occupants						No. of Occupants					
1						1					
Public Property Damaged						Public Property Damaged					
<input type="checkbox"/>						<input type="checkbox"/>					
Name - exactly as printed on registration						Name - exactly as printed on registration					
MICHAEL R PHILIPS						SABINA BEATA PARADI					
Address (Include Number & Street)						Address (Include Number & Street)					
2 ROBIN ROAD						116 GATETREE CT					
City or Town						City or Town					
RUMSON						DANVILLE					
State						State					
NJ						CA					
Zip Code						Zip Code					
07760						94526					
Plate Number						Plate Number					
CMP88D						D1251187					
State of Reg.						State of Reg.					
NJ						CA					
Vehicle Year & Make						Vehicle Year & Make					
1988 CHEVY PU						1988 CHEVY PU					
Ins. Code						Ins. Code					
903						903					
Ticket/Arrest Number(s)						Ticket/Arrest Number(s)					
SUM# OAC8786982											
Violation Section(s)						Violation Section(s)					
4-03(A)(1)E											
Check if involved vehicle is:						Check if involved vehicle is:					
<input type="checkbox"/> more than 95 inches wide;						<input type="checkbox"/> more than 95 inches wide;					
<input type="checkbox"/> more than 34 feet long;						<input type="checkbox"/> more than 34 feet long;					
<input type="checkbox"/> operated with an overweight permit;						<input type="checkbox"/> operated with an overweight permit;					
<input type="checkbox"/> operated with an overdimensional permit;						<input type="checkbox"/> operated with an overdimensional permit;					
VEHICLE 1 DAMAGE CODES						VEHICLE 2 DAMAGE CODES					
Box 1 - Point of Impact						Box 1 - Point of Impact					
Box 2 - Most Damage						Box 2 - Most Damage					
Enter up to three more Damage Codes						Enter up to three more Damage Codes					
Vehicle By						Vehicle By					
Towed To						Towed To					
N/A											
VEHICLE DAMAGE CODING:						VEHICLE DAMAGE CODING:					
1-13. SEE DIAGRAM ON RIGHT.						1-13. SEE DIAGRAM ON RIGHT.					
14. UNDERCARRIAGE						17. DEMOLISHED					
15. TRAILER						18. NO DAMAGE					
16. OVERTURNED						19. OTHER					
Reference Marker						Coordinates (If available)					
						Latitude/Northing:					
						Longitude/Easting:					
Place Where Accident Occurred:						Place Where Accident Occurred:					
<input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND						<input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND					
Road on which accident occurred						Road on which accident occurred					
W 37 STREET						W 37 STREET					
(Route Number or Street Name)						(Route Number or Street Name)					
at 1) intersecting street						at 1) intersecting street					
9th AVENUE						9th AVENUE					
(Route Number or Street Name)						(Route Number or Street Name)					
or 2) _____						or 2) _____					
Feet Miles						Feet Miles					
_____						_____					
(Intersect, Nearest Intersecting Route Number or Street Name)						(Intersect, Nearest Intersecting Route Number or Street Name)					
Accident Description/Officer's Notes						Accident Description/Officer's Notes					
AT TPO VEH. 1 WAS TRAVELING W/O ON W 37 STREET ON						AT TPO VEH. 1 WAS TRAVELING W/O ON W 37 STREET ON					
RTS OF LANE @ I/S OF 9th AVE, WHEN VEHICLES PASSED ON LEFT/SIDE						RTS OF LANE @ I/S OF 9th AVE, WHEN VEHICLES PASSED ON LEFT/SIDE					
OF LANE VEH. #1 PROCEEDED TO MAKE A LEFT TURN ONTO S/B 9th AVE						OF LANE VEH. #1 PROCEEDED TO MAKE A LEFT TURN ONTO S/B 9th AVE					
STRIKING PEDESTRIAN WALKING E/B ON SOUTH CROSSWALK.						STRIKING PEDESTRIAN WALKING E/B ON SOUTH CROSSWALK.					
Names of all involved						Names of all involved					
MICHAEL R PHILIPS						MICHAEL R PHILIPS					
SABINA BEATA PARADI						SABINA BEATA PARADI					
Date of Death Only						Date of Death Only					
Officer's Rank and Signature						Officer's Rank and Signature					
P.O. [Signature]						P.O. [Signature]					
Print Name In Full						Print Name In Full					
LOUKOPOULOS						LOUKOPOULOS					
Tax ID No.						Tax ID No.					
925633						925633					
NCIC No.						NCIC No.					
03030						03030					
Precinct						Precinct					
HW43						HW43					
Post/Sector						Post/Sector					
308						308					
Reviewing Officer						Reviewing Officer					
[Signature]						[Signature]					
Date/Time Reviewed						Date/Time Reviewed					
2/28/07						2/28/07					



**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**

1. Crossing, With Signal  
2. Crossing, Against Signal  
3. Crossing, No Signal, Marked Crosswalk  
4. Crossing, No Signal or Crosswalk  
5. Riding/Walking/Skating Along Highway With Traffic  
6. Riding/Walking/Skating Along Highway Against Traffic  
7. Emerging from in Front of/Behind Parked Vehicle  
8. Going to/From Stopped School Bus  
9. Getting On/Off Vehicle Other Than School Bus  
11. Working in Roadway  
12. Playing in Roadway  
13. Other Actions in Roadway \*  
14. Not in Roadway (Indicate) \*

**TRAFFIC CONTROL**

1. None  
2. Traffic Signal  
3. Stop Sign  
4. Flashing Light  
5. Yield Sign  
6. Officer/Guard  
7. No Passing Zone  
8. RR Crossing Sign  
9. RR Crossing Flashing Light  
10. RR Crossing Gates  
11. Stopped School Bus - Red Lights Flashing  
12. Construction Work Area  
13. Maintenance Work Area  
14. Utility Work Area  
15. Police/Fire Emergency  
16. School Zone  
20. Other \*

**LIGHT CONDITIONS**

1. Daylight  
2. Dawn  
3. Dusk  
4. Dark-Road Lighted  
5. Dark-Road Unlighted

**ROADWAY CHARACTER**

1. Straight and Level  
2. Straight and Grade  
3. Straight at Hillcrest  
4. Curve and Level  
5. Curve and Grade  
6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**

1. Dry  
2. Wet  
3. Muddy  
4. Snow/Ice  
5. Slush  
6. Flooded  
0. Other \*

**WEATHER**

1. Clear  
2. Cloudy  
3. Rain  
4. Snow  
5. Sleet/Hail/Freezing Rain  
6. Fog/Smog/Smoke  
0. Other \*

**WHICH VEHICLE OCCUPIED**

1. Vehicle No. 1 A. All-Terrain Vehicle (ATV)  
2. Vehicle No. 2 B. Bicyclist  
C. In-Line Skater  
O. Other \*  
P. Pedestrian  
S. Snowmobiler

**POSITION IN/ON VEHICLE**

1. Driver  
2-7. Passengers  
8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**

1. None  
2. Lap Belt  
3. Harness  
4. Lap Belt/Harness  
5. Child Restraint Only  
6. Helmet (Motorcycle Only)  
7. Air Bag Deployed  
8. Air Bag Deployed/Lap Belt  
9. Air Bag Deployed/Harness  
A. Air Bag Deployed/Lap Belt/Harness  
B. Air Bag Deployed/Child Restraint  
C. Helmet Only  
D. Helmet/Other  
E. Pads Only  
F. Stoppers Only  
0. Other \*

**EJECTION FROM VEHICLE**

1. Not Ejected  
2. Partially Ejected  
3. Ejected

**AGE** **SEX**  
M/F

**TYPE OF PHYSICAL COMPLAINT**

1. Head  
2. Face  
3. Eye  
4. Neck  
5. Chest  
6. Back  
7. Shoulder-Upper Arm  
8. Elbow-Lower Arm-Hand  
9. Abdomen - Pelvis  
10. Hip-Upper Leg  
11. Knee-Lower Leg-Foot  
12. Entire Body

**TYPE OF PHYSICAL COMPLAINT**

1. Amputation  
2. Concussion  
3. Internal  
4. Minor Bleeding  
5. Severe Bleeding  
6. Minor Burn  
7. Moderate Burn  
8. Severe Burn  
9. Fracture - Dislocation  
10. Contusion - Bruise  
11. Abrasion  
12. Complaint of Pain  
13. None Visible  
14. Whiplash

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**

1. Apparent Death  
2. Unconscious  
3. Semiconscious  
4. Incoherent  
5. Shock  
6. Conscious

**INJURED TAKEN**  
17 BY TO 18

**APPROBATE CONTRIBUTING FACTORS**

**Human**

2. Alcohol Involvement  
3. Backing Unsafely  
4. Driver Inattention/Distracted\*  
5. Driver Inexperience\*  
6. Drugs (Illegal)  
7. Failure to Yield Right-of-Way  
27. Failure to Keep Right  
21. Fatigued/Drowsy  
8. Fell Asleep  
9. Following Too Closely  
10. Illness  
11. Lost Consciousness  
12. Passenger Distraction  
13. Passing or Lane Usage Improper  
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
15. Physical Disability  
16. Prescription Medication  
17. Traffic Control Disregarded  
18. Turning Improperly  
19. Unsafe Speed  
20. Unsafe Lane Changing  
22. Cell Phone (hand-held)  
23. Cell Phone (hands-free)  
24. Other Electronic Device\*  
25. Outside Car Distraction\*  
26. Reaction to Other Uninvolved Vehicle  
28. Aggressive Driving/Road Rage

**Vehicular**

41. Accelerator Defective  
42. Brakes Defective  
43. Headlights Defective  
44. Other Lighting Defects  
45. Oversized Vehicle  
46. Steering Failure  
47. Tire Failure/Inadequate  
48. Tow Hitch Defective  
49. Windshield Inadequate  
50. Driverless/Runaway Vehicle  
60. Other Vehicular\*

**Environmental**

61. Animal's Action  
62. Glare  
63. Lane Marking Improper/Inadequate  
64. Obstruction/Debris  
65. Pavement Defective  
66. Pavement Slippery  
67. Shoulders Defective/Improper  
68. Traffic Control Device Improper/Non-Working  
69. View Obstructed/Limited

**DIRECTION OF VEHICLE:**

N  
NW 8 1 NE  
W 7 2 E  
SW 6 5 SE  
S 4 3

**PRE-ACCIDENT VEHICLE ACTION**

1. Going Straight Ahead  
2. Making Right Turn  
16. Making Right Turn on Red  
3. Making Left Turn  
17. Making Left Turn on Red  
4. Making U Turn  
5. Starting from Parking  
6. Starting in Traffic  
7. Slowing or Stopping  
8. Stopped in Traffic  
9. Entering Parked Position  
10. Parked  
11. Avoiding Object in Roadway  
12. Changing Lanes  
13. Passing  
14. Merging  
15. Backing  
18. Police Pursuit  
20. Other \*

**LOCATION OF FIRST EVENT**

1. On Roadway  
2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**

1. Other Motor Vehicle  
2. Pedestrian  
3. Bicyclist  
4. Animal  
5. Railroad Train  
6. In-Line Skater  
7. Deer  
8. Other Pedestrian  
10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**

11. Light Support/Utility Pole  
12. Guide Rail-Not At End  
25. Guide Rail-End  
13. Crash Cushion  
14. Sign Post  
15. Tree  
16. Building/Wall  
17. Curbing  
18. Fence  
19. Bridge Structure  
20. Culvert/Head Wall  
21. Median-Not At End  
26. Median-End  
27. Barrier  
22. Snow Embankment  
23. Earth Embankment/Rock Cut/Ditch  
24. Fire Hydrant  
30. Other Fixed Object\*

**NO COLLISION**

31. Overturned  
32. Fire/Explosion  
33. Submersion  
34. Ran Off Roadway Only  
40. Other\*

**COVER SHEET**  
N